| No. <b>C 33251</b>   |                | Due no later than Dec 31, 2009 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MARJUL, INC. THOMAS P WILCOX 329 S. WOODRUFF IDAHO FALLS ID 83401 |                                       | 2. Registered Ag           | 2. Registered Agent and Address (NO PO BOX)  HARVEY L CRANDELL III  329 S WOODRUFF AVE IDAHO FALLS ID 83401  3. New Registered Agent Signature:* |         |             |  |
|--|----------------|--|---------------------------------------|----------------------------|--|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                |  |                                       | 329 S WOODI<br>IDAHO FALLS |  |         |             |  |
| 4. Corporations: Enter N   | ames and Busin | ess Addresses of Preside   | ent, Secretary, and Directors. Treasu | urer (optional).           |  |         |             |  |
| Office Held  | Name           |  | Street or PO Address                  | City                       | State  | Country | Postal Code |  |
| PRESIDENT  | JULIA HURST    |  | 329 S WOODRUFF                        | IDAHO FALLS                | ID   | USA     | 83401       |  |
| SECRETARY  | TOM WILCO      | Χ  | 329 S WOODRUFF                        | <b>IDAHO FALLS</b>         | ID   | USA     | 83401       |  |
| DIRECTOR MARGARET  |                | WILCOX   | 329 S WOODRUFF                        | <b>IDAHO FALLS</b>         | ID   | USA     | 83401       |  |
| DIRECTOR   | OR TOM WILCOX  |  | 329 S WOODRUFF                        | <b>IDAHO FALLS</b>         | ID   | USA     | 83401       |  |
| DIRECTOR   | JULIA HURST    |  | 329 S WOODRUFF                        | <b>IDAHO FALLS</b>         | ID   | USA     | 83401       |  |
| DIRECTOR   | CLYDE HURS     | T  | 329 S WOODRUFF                        | IDAHO FALLS                | ID   | USA     | 83401       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must  |                                       |                            |  |         |             |  |
| ID   |                | Signature: Thomas P Wilcox   |                                       |                            | Date: 11/10/2009   |         |             |  |
| C 33251  |                | Name (type or print): Thomas P Wilcox  |                                       |                            | Title: Director  |         |             |  |
| Processed 11/10/2009 * Electronically provided signatures are accepted as original signatures.                             |                |  |                                       |                            |  |         |             |  |